Correspondence

The Editors will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words and must be typewritten, double-spaced, and submitted in duplicate (the original typescript and one copy). Authors will be given the opportunity to review the editing of their correspondence before publication.

'What Kind of Work Do You Do?'

To THE EDITOR: The Lessons From the Practice by Dana Hoch, MD, in the June issue[1] rekindled memories of comparable conversations with patients. In "The Craft," a man with terminal cancer momentarily lost his profound depression when asked, "What kind of work do you do?"

It has long been the experience of seasoned practitioners of occupational medicine that irrespective of a patient's disease, injury, or resulting disability, inquiry into his or her lifetime work will bring about an instant change in demeanor. The person brightens suddenly and will begin a cogent dissertation on the years of devotion to a particular occupation. There is pride in the work accomplished, and this feeling is imparted with a zest completely antipodal to the despair accompanying the clinical disorder.

This form of revelation and temporary return to cheer has been used over the years in the teaching of medical students. While the disease process or the illness residua might be paramount in the student's case presentation, the dissecting out of the occupational history gives emphasis to the neophyte physician of the centrality of work to all of us and of the innumerable connections between labor and health.

For a return to the patient's view of the premorbid state and an insight into the person who was, do ask, as did Dr Hoch, "What kind of work do you do?"

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REFERENCE

1. Hoch DF: The craft. West J Med 1992 Jun; 156:669

Cancer Screening in Women

To THE EDITOR: In the article, "Cancer Screening in Older Adults," in the May 1992 issue,[1] there is a statement that a 65-year-old woman at average risk who has previously been adequately screened for cervical cancer with Papanicolaou smears and who is then screened for an additional four examinations, every three years for at least 12 years, would decrease her chance of death from cervical cancer by about 18 in 10,000. The costs incurred are stated to be $52,241 per year of life saved. This is a puzzle to me, as the cost of an average gynecologic examination along with a Pap smear interpretation by a pathologist does not approach the amount quoted. I would like to know how this figure was derived; if it was calculated on the basis of the cost of an average gynecologic examination, along with the cost of an average Pap smear in our area, I would say that this perhaps approaches $125, possibly $225 at the very most. Perhaps the comma was out of place in the printing of the article?

I am also curious why there was no mention made of endometrial cancer in this article. Certainly the routine gynecologic examination can detect enlargement of the uterus that might signify a problem in a woman over the age of 65. Also, although the statement is made that there is no evidence that such detection leads to an improved clinical result from the standpoint of cervical cancer screening, uterine and ovarian enlargement in a postmenopausal woman do warrant further evaluation, to include possible pelvic ultrasound.

The main reason I am writing is that I think it would be a disservice to older women to ignore a relatively easy, inexpensive means of screening for these common cancers in women. It is my strong belief that yearly pelvic examination, or at least bimanual examination, should be done on all women over the age of 65. At that time, a rectal examination is also easily done, to include the Hemoccult test, which, although certainly not a perfect test, is also easy and inexpensive to do.

I do cervical cancer screening such as Pap smears as is recommended by the consensus group and think that after age 65, this can be individualized and often can be done less frequently on the basis of history.

I hope that there was truly a mistake made in the calculation of costs per year of life saved regarding cervical cancer screening, as the Pap smear is an important tool to offer to all women as part of their health maintenance screening.

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REFERENCE

1. Walsh JME: Cancer screening in older adults. West J Med 1992 May; 156:495-500

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Dr Walsh Responds

To THE EDITOR: Dr Senter addresses two important issues, the cost-effectiveness of screening for cervical cancer and the use of the bimanual examination in screening for endometrial cancer.

The cost (per year of life saved from screening for cervical cancer in a 65-year-old-woman at average risk) of $52,241 was calculated by Eddy[1] and assumed a charge of $75 for a pelvic examination and Pap smear. The cost-effectiveness of screening for cervical cancer, however, involves more than simply the cost of a single Pap smear. Cost involves only the cost of a single examination to the person screened, whereas cost-effectiveness is a public health issue. When a disease is uncommon, as is cervical cancer in older women, many persons must be screened to detect a single case of cervical cancer. If the incidence of cervical cancer in women aged 70 to 74 is 12 per 100,000, 8,333 women must be screened to detect a single case. Thus 8,332 of these women are paying for a screening examination that they may not need. Other factors that contribute to the cost-effectiveness calculation include the false-positive rate of screening (necessitating repeat Pap smears and possibly colposcopy and endocervical biopsy), expected savings from finding disease in early stages (when treatment costs are lower), and expected sav-